

Dental Options Benefits

July 1, 2005 – June 30, 2006

Benefit	Traditional Dental Coverage	Preferred Dental In-Network	Out-of-Network
Class I - Diagnostic, Preventive:	100% of AB	100% of AB	75% of AB
Class II – Surgical, Restorative:	80% of AB (after deductible)	80% of AB (after deductible)	60% of AB (after deductible)
Class III – Prosthetics: crowns, dentures, bridges (no replacement for teeth missing prior to effective date of coverage)	50% of AB (after deductible)	50% of AB (after deductible)	35% of AB (after deductible)
Class IV – Orthodontics: diagnosis, appliances, active treatment for ages 4-19 only	50% of AB	50% of AB	35% of AB
Annual Deductible Classes II, III			
Individual	\$ 25	\$ 25	\$ 75
Family	\$ 75	\$ 75	\$150
Maximums			
Annual Maximum Classes I, II, III	\$ 1,500	\$ 1,000 (a)	\$ 1,000 (a)
Lifetime Maximum Class IV	\$ 1,000	\$ 1,000 (a)	\$ 1,000 (a)
AB-Allowed Benefit.			